2005 FOR PROFIT CORPORATION __ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

Daytinie Phone #

1. Entity Nar	MENT # P970000374	111			Se	cretary of State
Principal Plac 345 SHORE OZONA, FL		Mailing Address P 0 BOX 686 OZONA, FL 34660			HE IERR IERR NEUT NEUT ER	// Nation (1881 National (1881 National (1882)
DO NOT WRITE IN THIS SPACE				03172005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3443826 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required		
345 SHOP	6. Name and Address of Current Ro	DO NOT WRITE IN THIS SPACE				
the obliga	Supreture, typed or printed name of registered agent and		eu Agent signature regure		oth, in the State of Flo	orida. I am familiar with, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ded to Fees		
10. HILE NAME STREET ADDRESS CATY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI OSBORNE, CÉCIL E 345 SHORE DRIVE OZONA, FL 34660	RECTORS		·	U00000 04/04/05-1	285880 80006-004 150.00
TITLE HAME STREET ADDRESS CITY-ST-7IP					NOT W THIS SF	
HAME JIRELI ADORESS CHY ST ZIP HITT HAME STRELL ADORESS CHY ST-ZIP DILE	y 3					
NAME SHEET ADDRESS SITY-ST-ZIP 12. Thereby conditated of the corollarged,	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empowers or on an attachment with an address, with	is filing does not qualify for the exe ue and accurate and that my signal ared to exegute this report as requi n all other life empowered	mption stated in Sture shall have the red by Chapter 60	ection 119.07(3); same legal effec 7, Florida Statute	(1), Fiorida Statutes. I ct as if made under o ss, and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if

IGNING OFFICER OF DIRECTOR